

CITY OF BOTHELL

18415 – 101 Avenue NE ● Bothell, WA 98011 Phone (425) 806 -6150 ● Fax (425) 806-6127 PublicRecords@bothellwa.gov

FOR CITY USE ONLY				
DATE RECEIVED:				
REQUEST #:				
RECEIVED BY:				
FORWARDED TO:				
5 DAY LETTER :				

REQUEST FOR PUBLIC RECORDS

RCW 42.56 and Bothell Public Records Disclosure Policy							
This request must describe an identifiable record. The City is not required to create a new record to comply with the Public Records Act.							
Records Request: This form is not intended for general inquiries or information requests. Information provided on this form may be subject to public disclosure.							
Name:	Representing:		Phon	ie:	Date of Request:		
Address:	City:	State:	Zip:	Email Address:			
Describe the record(s) you are requesting. Please provide as much information as possible to assist staff in locating the records quickly. <i>Examples: specific dates or date ranges, document titles, names, addresses, parcel numbers. Attach separate page, if necessary.</i>							
For Police Records, provide the following:							
Case Number:							
Name(s) and/or date(s) of birth of parties involved: Date, Time and Location of Incident:							
* For As-Built/As-Designed Building or Engineering Plans:							
Water Sewer			et f	Building Oth	ner		
*If sensitive electronic or mapped data is being requested, the Supplemental Request for GIS Records form is also required							
FEES - per Resolution 1331 (2015), effective 01/01/2016							
Paper Copies: \$0.15 per page, up to 11x17 Large Format Copies: 12x18 = \$1.25; 18x24 = \$1.50; 24x36 = \$3.00; 36x48 = \$6.00							
Electronic Records copied onto CD: \$7.00 per disc Pass-Through Costs: actual cost of duplication if not performed by the City							
Electronic Records copied on DVD: \$10.00 per disc Fire Incident/Investigation and/or Medical reports: \$15.00 each							
Police Audio/Video Recording: \$17.00 each Police Reports: \$4.00 (5 pages or less), \$4.00 plus \$.15 page (6 pages or more)							
Payment Options: Cash, Check, Visa or Master Card I wish to make an appointment to review the records at no cost. I may request copies at the cost established in the City's fee schedule. I wish to receive copies of the records. I am willing to pay up to \$ at the cost established in the City's fee schedule. Please contact me if the charges will exceed this amount. If records are available electronically, I wish to receive them: via email, if file size allows on disc, per fee resolution							
Please note: The City is not required to create a new record to comply with the Public Records Act. Digitization of records is at the City's discretion where such digitization does not adversely impact normal and essential operations of the City.							
Initials: If I have requested a list of names, I certify that the information obtained through this public records request will <u>not</u> be used for commercial purposes. RCW 42.56.070(9)							
Signature of Requestor Date:							
Internal Use Only							
No copies made No cos	st, records emailed	Paper copies	made \$	CI	D/DVD \$		
Date Completed	Receipt Nu	ımber		Time spent on r	equest		